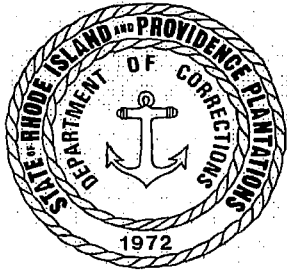


EXHIBIT I

RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE



POLICY NUMBER:
18.22 DOC

EFFECTIVE DATE:
08/18/08

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SUPERCEDES:
18.07-1 DOC
18.49 DOC

DIRECTOR:

Please use BLUE ink.

Robert T. Wall II

SECTION:
HEALTH CARE

SUBJECT:
INMATES AND VISITORS WITH
SPECIAL NEEDS

AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10 (22), Powers of the director; RIGL §42-87 et seq., Civil Rights of People with Disabilities

REFERENCES: 42 U.S.C.A. § 12132, Discrimination; RIDOC policies #4.03-1 DOC, Orientation and Entrance-Level Training for Non-Correctional Officer Employees; 24.03-4 DOC, Visits; Rhode Island General Laws §37-8-15, Access for people with disabilities

INMATE / PUBLIC ACCESS? X YES ☐ NO

AVAILABLE IN SPANISH? X YES ☐ NO

I. PURPOSE:

- A. To address inmate requests for special accommodations that may fall under the Americans with Disabilities Act (ADA) or other provisions of federal and state law.
- B. To ensure Rhode Island Department of Corrections (RIDOC) Health Care Services staff establish uniform scheduling of medical care at minimal regular intervals for inmates with chronic illnesses.
- C. To establish procedures for visitors to submit requests for reasonable accommodation.

II. POLICY:

- A. The RIDOC ensures that existing programs are readily accessible to and usable by inmates with special needs unless such accommodation would materially impair the safe and efficient operation of the program, present a safety hazard to

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staff or the individual inmate, threaten the security of the correctional institution/facility, or would otherwise cause extreme hardship in the operation of the institution/facility.

- B. Health Care Services staff monitor inmates who have special needs or chronic illnesses at regular intervals to assure continuity and quality of care and communicate pertinent information regarding inmates' medical restrictions to appropriate RIDOC staff.
- C. The RIDOC, pursuant to Rhode Island General Laws §37-8-15, Access For People With Disabilities, ensures that new institutions/facilities are constructed in a manner that is accessible to and usable by disabled inmates.
- D. Visitors requests for reasonable accommodations are addressed in item III.L.

III. PROCEDURES:

- A. Definition - Included among special needs inmates (i.e., inmates who require reasonable accommodations) are those who are:
 - 1. chronically ill;
 - 2. on dialysis;
 - 3. adolescents in adult facilities;
 - 4. infected with serious communicable diseases;
 - 5. physically disabled;
 - 6. pregnant;
 - 7. frail or elderly;
 - 8. terminally ill;
 - 9. seriously mentally ill; and/or
 - 10. developmentally disabled.

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B. General Information:

1. Programs, activities and services will operate in a manner which provides for the full and nondiscriminatory participation of an inmate with special needs in all areas provided that institutional security and the personal safety of the individual is not threatened.
2. Any inmate who claims a special need due to a physical or mental state that limits or impairs everyday activities, whether claimed as a disability under the Americans with Disabilities Act or not, should be considered for a reasonable accommodation for the limitation or impairment.
3. Telecommunications Devices for the Deaf (TDD) or comparable equipment will be afforded to inmates with hearing and/or speech disabilities, and/or individuals on inmates' approved visitor lists who have such disabilities (i.e., hearing or sight impaired). Telephones with volume controls shall also be made available to inmates with hearing impairments.

C. Americans with Disabilities Act (ADA) Coordinators

1. The Associate Director of Health Care Services (Corrections) is designated as the Department ADA Coordinator. S/he coordinates and monitors activities and procedures related to special accommodations and access to programs for inmates with disabilities on a department-wide basis.
2. The Deputy Warden in each facility is designated as the Facility ADA Coordinator for the purpose of coordinating and monitoring activities and procedures related to special accommodations and access to programs for inmates with disabilities at each correctional facility to include, but not be limited to ensuring that education, equipment and facilities, and the support necessary for inmates with disabilities to perform self-care and personal hygiene in a reasonably private environment is provided.

The Facility ADA Coordinator is also responsible for processing visitor reasonable accommodation requests (see item III.L. for more information).

D. Architectural Barriers

1. All plans for new correctional institution/facility construction and plans for renovation of existing correctional institutions/facilities shall comply

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with the laws and regulations as required, and to the extent that such compliance is consistent with essential security requirements. The Associate Director of Facilities and Maintenance or designee shall be responsible for monitoring compliance with this provision.

2. RIDOC will pursue an objective of providing a barrier-free environment in all correctional institutions/facilities. Each Warden or designee is required to conduct a self-evaluation of his/her facility and its programs. Each Warden or designee shall develop a plan that will include but not be limited to:
 - a. The provision of shower, bath, and lavatory rails in those areas occupied and used by physically disabled inmates.
 - b. The use of Classification Unit procedures to explore options, such as transfer to a more suitable facility or a unit within an institution, which may be better equipped to deal with the needs of a particular disability. The Associate Director of Classification shall be responsible for ensuring that classification staff are familiar with this policy and the concerns presented by inmates with special needs.
 - c. Housing assignments of inmates in areas which will not place undue stress upon them because of their disabilities (e.g., persons with serious heart problems, artificial legs, etc. should normally be housed on a lower tier or lower floor level whenever a medical order so requires unless such accommodation would materially impair the safe and efficient operation of the program, present a safety hazard to staff or the individual inmate, threaten the security of the correctional institution/facility, or would otherwise cause extreme hardship in the operation of the institution/facility).
 - d. The provision of ramps, elevators, or chair lifts, unless such accommodation would materially impair the safe and efficient operation of the program, present a safety hazard to staff or the individual inmate, threaten the security of the correctional institution/facility, or would otherwise cause extreme hardship in the operation of the institution/facility, to those authorized areas which would otherwise be inaccessible to disabled inmates. Such authorized areas may include, but are not limited to:

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-
- (1) Classrooms
 - (2) Visiting Rooms
 - (3) Health Care Services areas
 - (4) Dining Rooms
 - (5) Recreation areas
 - (6) Work areas
 - (7) Chapels
 - (8) Areas where inmates are loaded into and out of vehicles
 - (9) Bathroom facilities
 - (10) Vehicle transports
- e. In addition, Facility ADA Coordinators will coordinate regular inspections for compliance through the Facilities and Maintenance Unit.

E. Inmate Requests for Reasonable Accommodations

1. An inmate's request for reasonable accommodation may be initiated in either of two ways:
 - a. by a request to or from medical staff for a medically prescribed accommodation, or
 - b. by the inmate's completion of a Request for Reasonable Accommodation of Special Need(s) form (see Sample at Attachment 1).
2. If a medical staff member determines that a medically prescribed accommodation is warranted, s/he shall convey the medical order to the Facility ADA Coordinator via the Communication of Inmate's Special Needs Form (Attachment 2), and shall enter a physician's order in the inmate's medical record.

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Under no circumstances shall correctional staff substitute their judgment for that of medical staff where a medical accommodation has been prescribed. Medically prescribed accommodations may be reviewed only to address institutional safety and security concerns. Should a medically prescribed accommodation require a modification under these circumstances, the Facility ADA Coordinator shall notify medical staff of the safety/security concerns so that medical staff can appropriately modify the prescribed accommodation if possible or alternate housing can be arranged.

3. Upon receipt of an inmate's Request for Reasonable Accommodation of Special Need(s) (see sample at Attachment 1), the Facility ADA Coordinator will review the inmate's request within a reasonable time and either grant, modify or deny the request, stating the basis for his/her decision. Factors to be considered include, but are not limited to:
 - a. safety,
 - b. security,
 - c. available alternatives,
 - d. costs associated with the request, and/or
 - e. operational issues.

An inmate submitting a Request for Reasonable Accommodation of Special Needs (s) (see sample at Attachment 1) must expressly agree to cooperate with the facility in the handling of his/her request, which includes but is not limited to, agreeing to be interviewed and/or examined by appropriate facility or medical staff in an effort to resolve the request. An inmate's refusal to agree to such cooperation may result in the outright denial of his/her Request for Reasonable Accommodation of Special Need(s). Moreover, an inmate who refuses to cooperate in the handling of a request for accommodation through medical staff shall sign a Release from Responsibility for Medical Treatment form. (See sample at Attachment 3.)

4. When a request for reasonable accommodation is initiated by the inmate's completion of the Request for Reasonable Accommodation of Special

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Need(s) form (see sample at Attachment 1), the form should be submitted directly to the Facility ADA Coordinator. The Facility ADA Coordinator shall evaluate the requested accommodation to determine whether it would present any safety or security concerns, and whether:

- a. it would fundamentally alter the nature of the service, program or activity,
- b. it would create an extreme financial burden, and
- c. there are feasible alternative ways of accommodating the special need.

In making these determinations, the Facility ADA Coordinator shall consult with the appropriate correctional, medical and/or mental health staff as well as RIDOC Executive Counsel.

- 5. RIDOC Health Care Services staff may make recommendations regarding inmates' special needs relative to:
 - a. Housing/bunk assignments;
 - b. Work assignment limitations;
 - c. Program assignments;
 - d. Disciplinary measures;
 - e. Admissions to and transfers from other institutions;
 - f. Clothing; and
 - g. Keep-on-person medication.

F. Communication on Reasonable Accommodations/Special Needs

- 1. Upon approval of a reasonable accommodation, regardless of how the request was initiated, the Facility ADA Coordinator will prepare and send a Reasonable Accommodation/Special Needs Memorandum (see sample at Attachment 4) to the concerned inmate and distribute copies as indicated on the form and to whomever else the Facility ADA Coordinator

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deems necessary in order to properly implement the accommodation. Additionally, upon receipt of the Memorandum, the Department ADA Coordinator shall enter a brief but informative description of the accommodation(s) in the inmate medical record in the form of a memo.

2. When a request for reasonable accommodation is modified or denied, the Facility ADA Coordinator provides the inmate with written notification (e.g., letter, memo) to include reason(s) for modification or denial. Copies are also forwarded to Medical Records and Records and Identification for inclusion in affected inmate's files.
3. Information regarding special needs and/or reasonable accommodations will be divulged on a need-to-know basis as determined by the Medical Program Director and/or the Facility ADA Coordinator or their designees.

G. Treatment Plans

1. Written treatment plans for inmates determined as having special needs are ordered by physicians and include:
 - a. Instructions about diet, exercise, adaptation to the correctional environment and medication when appropriate;
 - b. The type and frequency of diagnostic testing and therapies;
 - c. The frequency of follow-up medical evaluation and adjustments of treatment modalities.
2. The Health Care Services staff member processing the physician's orders identifies and maintains a log of special needs patients [e.g., on the "Chronic Care" list (in Medical Records)].
3. The frequency of special needs clinics for inmates with chronic illnesses is dictated by said inmates' particular conditions. Unstable inmates are monitored more frequently as determined by the responsible treating practitioner.
4. Nursing staff schedule all special needs inmates for follow-up appointments according to physicians' orders.

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5. The practitioner documents each special needs health encounter in the inmate's medical record. Multiple special needs clinic requirements may be met and combined during one encounter for greater efficiency. The focus of the appointment, however, will be the inmate's special medical needs. Medical problems not related to the special needs process may be dealt with other appointments.
 - a. When applicable, nursing staff discuss any refusals to come to the clinic with the physician/physician extender.
 - b. The affected practitioner documents the refusal and any review of the treatment plan.
6. Nursing staff may be assigned to follow special needs patients to help ensure compliance with medication, diet, and the special needs treatment plan in between physician visits.
7. A physician may discharge an inmate from the special needs clinic at his/her discretion.

H. Facility-Specific Procedures

The Warden or designee of each facility shall be responsible for developing and implementing facility-specific procedures pursuant to this policy. Such procedures shall include at a minimum:

1. a description as to how special needs accommodations are communicated to affected staff on the various shifts who may have responsibility for implementation of said accommodations; and
2. a designation of the locations where inmates may obtain the Request for Reasonable Accommodation of Special Need(s) form (see sample at Attachment 1).

I. Inter-Facility Transfers

1. A Health Care Services staff member of the receiving facility reviews the medical records of all transferred inmates and identifies those with special needs and scheduling said inmates for practitioner clinic appointments as necessary.

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- a. Receiving facility Health Care Services staff, in turn, notify the Warden or designee of the receiving facility, in writing, of such transfers.
 - b. The Warden or designee may request that Health Care Services limitations be reviewed for appropriateness in the new facility.
2. Pending a review by the receiving facility's medical staff, all medically prescribed accommodations that were approved at the sending facility shall be honored at the receiving facility, subject to any adjustments made as a result of the initial medical screening process. Upon review, should medical staff determine that a modification or discontinuance of the medically prescribed accommodation is necessary, s/he shall convey such changes to the Facility ADA Coordinator pursuant to the procedure set forth in this policy.

Under no circumstances shall correctional staff at the receiving facility substitute their judgment for that of medical staff where a medical accommodation has been prescribed at the sending facility.

- a. Receiving facility Health Care Services staff, in turn, notify the Warden or designee of the receiving facility, in writing, of such transfers.
 - b. The Warden or designee may request that Health Care Services limitations be reviewed for appropriateness in the new facility.
3. Pending a review by the receiving Facility ADA Coordinator, all accommodations, other than those medically prescribed, that were approved at the sending facility shall be honored at the receiving facility to the extent possible given the receiving facility's differing security level, rules and requirements. Upon review, the Facility ADA Coordinator at the receiving facility may alter the accommodation in a manner consistent with this policy based upon factors or conditions at that facility (i.e., those that may adversely impact the safety and/or security of staff, inmates and/or the facility). In doing so, the Facility ADA Coordinator should consult with the appropriate correctional, medical and/or mental health staff as well as the Department ADA Coordinator (if necessary) and RIDOC Executive Counsel. Written notification regarding the alteration of a reasonable accommodation is forwarded by the Facility ADA Coordinator to the affected inmate with copies to Medical Records and Records and Identification for inclusion in appropriate files.

J. Cancellation

1. Once a physician verifies that the condition which created the need for reasonable accommodation/special need no longer exists, the affected facility's Health Care Services staff notifies the Facility ADA Coordinator in

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writing. The Facility ADA Coordinator, in turn notifies the affected area's Superior Officer for appropriate action.

2. If the expiration date on the physician's order for reasonable accommodation is reached and the order is not renewed, the order is no longer valid.
- K. Each facility reports monthly the names of inmates in each special needs category to the Associate Director of Health Care Services (Corrections). The appropriate Health Care Services staff member (e.g., nursing staff) maintains a listing of each facility's special needs inmates.
- L. Visitor Requests for Reasonable Accommodation

1. Any member of the general public may request information or may make a request for an accommodation under the ADA by contacting the Facility ADA Coordinator (i.e., the Deputy Warden of the affected facility). Said request may be verbal or in writing.

For more detailed information regarding visitor requests, please refer to policy 24.03-4 DOC, Visits, or a successive policy.

2. If an inmate is transferred to another facility, the disabled individual should submit his/her request for reasonable accommodation to that Facility ADA Coordinator.

M. Training

This subject matter will be presented to current staff during in-service training and to new employees during new employee orientation.

RHODE ISLAND DEPARTMENT OF CORRECTIONS
Request For Reasonable Accommodation of Special Need (s)

To: _____
Associate Director for Health Care Services (Corrections) or Deputy Warden

Name of Inmate: _____ ID # _____

Facility: _____

Describe your special need:

How does this special need limit your daily activities?

What accommodation (s) are you requesting for your special need?

I expressly agree to cooperate in the handling of my request, including but not limited to, agreeing to be interviewed and/or examined by institutional and/or medical staff, as appropriate.

Printed Name

Signature

Date

Received by:

Employee Printed Name

Employee Signature

Date

Please send completed form to: Associate Director for Health Care Services or Deputy Warden

Request for Reasonable Accommodation of Special Need(s) (cont.)

To be completed by Associate Director - Health Care Services (Corrections) or Deputy Warden

Request for accommodation of special need received on: (date) _____

Medical staff have been consulted regarding request (check one): ☐ YES ☐ NO
(date) _____

Name of medical staff consulted _____

A medical order exists concerning inmate's special need: ☐ YES (please attach) ☐ NO

Request for accommodation of special need is: ☐ Granted ☐ Modified ☐ Denied

Basis for decision:

Signature: _____ Date: _____
Associate Director, Health Care Services (Corrections)
Or Deputy Warden

cc: Deputy Warden [if request is submitted to Associate Director, Health Care Services (Corrections)]
Associate Director, Health Care Services (Corrections) (if request is submitted to Deputy Warden)

**RHODE ISLAND DEPARTMENT OF CORRECTIONS
HEALTH CARE SERVICES**

Communication of Inmate's Special Needs

To: Warden or Designee _____

Facility: _____

Subject: Inmate Name: _____

RIDOC ID #: _____ DOB: _____

1. ☐ **Notification of Special Need** OR 2. ☐ **Cancellation of Special Need**

- ☐ Housing Assignment
- ☐ Work Assignment Limitations
- ☐ Program Assignments
- ☐ Disciplinary Measures
- ☐ Admission to/ Transfer from Facility
- ☐ Clothing
- ☐ Keep-on-Person Medication

- ☐ Housing Assignment
- ☐ Work Assignment Limitations
- ☐ Program Assignments
- ☐ Disciplinary Measures
- ☐ Admission to/ Transfer from Facility
- ☐ Clothing
- ☐ Keep-on-Person Medication

Limitation: [use additional page(s) if needed] _____

Completion Date (will expire without review): _____

Review Date (if needed): _____

Physician Completing this Form / Date: _____

**WARDEN OR DESIGNEE SIGNS UPON RECEIPT AND
FORWARDS A COPY TO SUPERIOR OFFICER.**

Warden's or Designee's Signature

Date Forwarded to Superior Officer

Original - Inmate's Medical Record

1st copy - Warden; 2nd copy - Superior Officer; 3rd copy - Inmate Patient

RHODE ISLAND DEPARTMENT OF CORRECTIONS

HEALTH SERVICES UNIT

Release from Responsibility for Medical Treatment

Name _____ D.O.B. _____

RIDOC Inmate ID# _____ Date _____

This is to certify that I, _____ declined medical, dental or psychological treatment offered to me by this facility, knowing that this is against the advice of the attending medical practitioner. I acknowledge that I have been informed of the risk(s) involved and hereby release the State of Rhode Island, Department of Corrections, and all its employees from all responsibility for any ill effect(s) which may result from my decision.

Type of treatment refused: _____

Inmate's Signature _____ Date _____

Witness's Signature _____ Date _____

Remarks: _____

original: Patient's Medical Record
copies: Medical Program Director
Associate Director for Health Care Services
Supervising Physician
Director of Nurses
Chief of Dentistry

TO: Inmate _____ ID# _____

FROM: _____

RE: REASONABLE ACCOMMODATIONS/SPECIAL NEEDS

DATE: _____

Be advised the above named inmate is authorized for the following special accommodation (s) due to a limitation or impairment in one or more major life activities.

LIMITATIONS:**DATES**

- | 1. WORK PROGRAM: | FROM | TO |
|--------------------------------|-------|-------|
| () No Work | _____ | _____ |
| () Light Work | _____ | _____ |
| () No Heavy Machinery/Heights | _____ | _____ |
| () Other _____ | _____ | _____ |
-
- | 2. PHYSICAL ACTIVITY: | FROM | TO |
|--------------------------------|-------|-------|
| () Difficulty with Ambulation | _____ | _____ |
| () Prosthetic Device | _____ | _____ |
| () Other _____ | _____ | _____ |

SPECIAL NEEDS/ACCOMMODATIONS:

- | 1. SPECIAL HOUSING: | FROM | TO |
|-----------------------------------|-------|-------|
| () Close Proximity to Dispensary | _____ | _____ |
| () Bed in Infirmary Ward | _____ | _____ |
| () Floor Level | _____ | _____ |
| () Other | _____ | _____ |
-
- | 2. HANDICAPPED ACCESSIBILITY: | FROM | TO |
|-----------------------------------|-------|-------|
| () Wheelchair | _____ | _____ |
| () Handicapped Cell | _____ | _____ |
| () Bottom Bunk | _____ | _____ |
| () Other (e.g., Visual, Hearing) | _____ | _____ |

Reasonable Accommodations/Special Needs Memo (cont.)

3. **SPECIAL ITEMS (DESCRIBE BELOW):** **FROM** **TO**
- () Epi-pen _____
- () _____
- () _____
-
4. **TRANSPORTATION RESTRICTIONS:** **FROM** **TO**
- () Modified Restraint (s) due to: _____
- () Sedan _____
- () Wheelchair Van _____

COMMENTS:

Facility ADA Coordinator

Date

ORIGINAL: Affected Inmate

COPY: Medical Records (after approval)

Associate Director/Health Care Services

Warden

Deputy Warden

Shift Commanders 7-3, 3-11, 11-7

Records & ID

Inmate's 6-Part Folder